



4191-02-U

## SOCIAL SECURITY ADMINISTRATION

### Agency Information Collection Activities: Proposed Request and Comment Request

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law (Pub. L.) 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes revisions and one extension of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

(OMB)

Office of Management and Budget

Attn: Desk Officer for SSA

Fax: 202-395-6974

Email address: [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov)

(SSA)

Social Security Administration, OLCA

Attn: Reports Clearance Director

3100 West High Rise

6401 Security Blvd.

Baltimore, MD 21235

Fax: 410-966-2830

Email address: [OR.Reports.Clearance@ssa.gov](mailto:OR.Reports.Clearance@ssa.gov)

- I. The information collection below is pending at SSA. SSA will submit it to OMB within 60 days from the date of this notice. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**. Individuals can obtain copies of the collection instruments by writing to the above email address.

**Medical Permit Parking Application -- 41 CFR 101-20 - 104.2 -- 0960-0624.**

SSA employees and contractors with a qualifying medical condition who park at

SSA-owned and leased facilities may apply to receive a medical parking permit.

SSA uses three forms for this program: (1) SSA-3192, the Application and

Statement, which an individual completes when first applying for the medical

parking space; (2) SSA-3193, the Physician's Report, which the applicant's

physician completes to verify the medical condition; and (3) SSA-3194, Renewal

Certification, which medical parking permit holders complete to verify their

continued need for the permit. The respondents are SSA employees and contractors seeking medical parking permits and their physicians.

**Note:** Because SSA employees are Federal workers exempt from the requirements of the Paperwork Reduction Act, the burden below is only for SSA contractors and physicians (of both SSA employees and contractors).

Type of Request: Revision of an OMB-approved information collection.

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
<b>SSA-3192</b>	290	1	30	145
<b>SSA-3193</b>	580	1	90	870
<b>SSA-3194</b>	93	1	5	8
<b>Totals</b>	<b>963</b>			<b>1,023</b>

- II.** SSA submitted the information collections below to OMB for clearance. Your comments regarding the information collections would be most useful if OMB and SSA receive them 30 days from the date of this publication. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

Individuals can obtain copies of the OMB clearance packages by writing to [OR.Reports.Clearance@ssa.gov](mailto:OR.Reports.Clearance@ssa.gov).

- 1. Disability Update Report -- 20 CFR 404.1589-404.1595 and 416.988-416.996 -- 0960-0511.** As part of our statutory requirements, SSA periodically uses Form SSA-455, the Disability Update Report, to evaluate current Title II disability

beneficiaries' and Title XVI disability payment recipients' continued eligibility for Social Security disability payments. Specifically, SSA uses the form to determine if: (1) There is enough evidence to warrant referring the respondent for a full medical Continuing Disability Review (CDR); (2) the respondent's impairment(s) is still present and is indicative of no medical improvement, precluding the need for a CDR; or (3) there are unresolved work-related issues for the respondent. SSA mails Form SSA-455 to specific disability recipients, whom we select as possibly qualifying for the continuing disability review process. SSA pre-fills the form with data specific to the disability recipient, except for the sections we ask the beneficiary to complete. When SSA receives the completed form, we scan it into SSA's system. This allows us to gather the information electronically to enable SSA to process the returned forms through automated decision logic to decide the proper course of action to take. The respondents are recipients of Title II and Title XVI Social Security disability payments.

Type of Request: Revision of an OMB-approved information collection.

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-455	1,500,000	1	15	375,000

## **2. Request for Evidence from Doctor and Request for Evidence from Hospital --**

**20 CFR 404 Subpart P and 20 CFR 416 Subpart I -- 0960-0722.** Sections 223(d)(5) and 1614(a)(3)(H)(i) of the Social Security Act require claimants to furnish medical evidence of their disability when filing a disability claim. SSA

uses Forms HA-66 and HA-67 to obtain evidence from medical sources identified by the claimants as having information relative to their impairments or ability to do work-related activities. In addition to accepting manual paper responses, SSA sends a barcode with the HA-66 and HA-67, allowing respondents to fax the information directly into the electronic claims folder rather than submitting it manually. SSA uses the information to determine eligibility for benefits. The respondents are medical sources, doctors, and hospitals that evaluate the claimants.

Type of Request: Extension of an OMB-approved information collection.

**NOTE:** This is a correction notice. When we published the 60-day Notice for this collection on 3/3/14 at 79 FR 11852 we listed it as a revision; however, this is an extension of a currently approved information collection.

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Number of Responses</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
HA-66 – Paper	3,060	22	67,320	15	16,830
HA-66 – Electronic	8,940	22	196,680	15	49,170
HA-67 - Paper	3,060	22	67,320	15	16,830
HA-67 – Electronic	8,940	22	196,680	15	49,170
<b>Totals</b>	<b>24,000</b>		<b>528,000</b>		<b>132,000</b>

Dated: May 20, 2014.

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Faye Lipsky,  
Reports Clearance Director,  
Social Security Administration.

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